



ALASKA DOC ENTRY POINT SCREENING QUESTIONNAIRE FOR COVID-19

EFFECTIVE 4/15/2020

DOC continues to take measures to keep our facilities and offices safe. Therefore, anyone coming into the facility/office will be screened. Please answer the following questions before entering:

1. Do you have **new onset** of any of the following: feverishness, cough, or shortness of breath?

- ☐ YES
☐ NO

If the answer is yes, and you are in a facility in a community that has community transmission, it is recommended you contact your health care provider for COVID-19 testing.

2. Do you have new onset of **two or more** of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea/vomiting, runny nose, sore throat, or sputum (phlegm) production?

- ☐ YES
☐ NO

If the answer is yes, and you are in a facility in a community that has community transmission, it is recommended you contact your health care provider for COVID-19 testing.

3. If you were tested for COVID-19; was the result POSITIVE or are you waiting on results?

- ☐ YES
☐ NO or ☐ NOT APPLICABLE (not tested)

4. In the past 14 days, have you traveled outside Alaska?

- ☐ YES
☐ NO

5. In the past 14 days have you been in close contact with someone at home or in the community who has been tested and is awaiting results or who has tested positive for COVID-19? (*Note: Close contact is defined as within 6 feet for more than 10 minutes without wearing personal protective equipment*)

- ☐ YES
☐ NO

6. Is your temperature at or above 100.4° F?

- ☐ YES
☐ NO

If the answer to any question is YES question, the individual will not be allowed into the facility/office.
If the individual is a DOC employee, direct them to contact their supervisor for guidance on when they may return to work.